

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1766

State File No.

FILED FEB 6 1952

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5579</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wheeler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mineral Hope</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		d. STREET ADDRESS (If rural, give location) <u>713 So 11th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jasper Co TB Hosp</u>				3. NAME OF DECEASED a. (First) <u>Thomas</u> b. (Middle) <u>McKeeon</u> c. (Last) <u>McKeeon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 22 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH (Month) (Day) (Year) <u>Sept 11 1873</u> AGE (In years last birthday) Months Days Hours Min. <u>80 78 4 21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Joseph Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James McKeeon</u>			13b. MOTHER'S MAIDEN NAME <u>Marguerite Shore</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Records</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. <u>Corrected affidavit</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>2-9-52</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>2E.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph, Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/19</u> , 19 <u>52</u> , to <u>1/22</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1/22</u> , 19 <u>52</u> , and that death occurred at <u>5:28</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Lease E. Douglas M.D.</u> (Degree or title)				23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>1/22/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-24-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 26 52</u>		REGISTRAR'S SIGNATURE <u>R. L. Hutchett M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John C. Kupp</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-5-52
Jasper County Health Office

County File Number 52/5/97

Date Filed 2-5-52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, on by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3956

P. O. Address St. Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Buchanan } ss.

State File No. 1766
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 31st day of January, 1952, before me appears _____

John E. Rupp, who, upon his oath, states that the original record of ~~1873~~ death

for Thomas McKown died January 22, 1952, in the State of Missouri, and which was filed at Webb City on 1-25, 1952, should be corrected as follows:

Item No. 8 should read September 17, 1873

Instead of September 17, 1870

Item No. 9 should read 78

Instead of 81

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

John E. Rupp Undertaker
Relationship.
6054 Pryor Ave., St. Joseph, Mo.

Present Address.

Subscribed and sworn to before me this 31st day of January, 1952

My Commission expires March 30, 1955
Julia L. Rupp Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above.

SECRET

1952

S-1766